





FRANK GUTIERREZ (3mo) TEXAS HEALTH CARE

Robert T. Brockman  
Current Medications List  
Monday • June 14, 2021 @ 1:30 PM

Rec: ① Unlabeled Hospitalization  
05/31/2021 → 06/11/2021 4:50 AM.

Baylor Comprehensive Healthcare Clinic  
7200 Cambridge St - 6<sup>th</sup> Floor, Suite 6.100  
Houston, TX 77030-4202  
Tel 713-798-0180 • Fax 713-798-0174

**BCM** Baylor  
College  
of Medicine

CONFIDENTIAL

RTBrockman\_Medical\_Records\_0005050

Brockman, Robert

Patient ID: 03527911

1941

Age: 80

Gender: M

Date: June 14, 2021

SCORE

TODAY

CLOCK DRAWING: TODAY

3-WORD MEMORY

0

ORIENTATION

4

SEQUENCE MEMORY

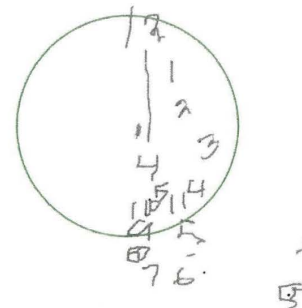
3

TIME

0

TOTAL SCORE

7



### Background

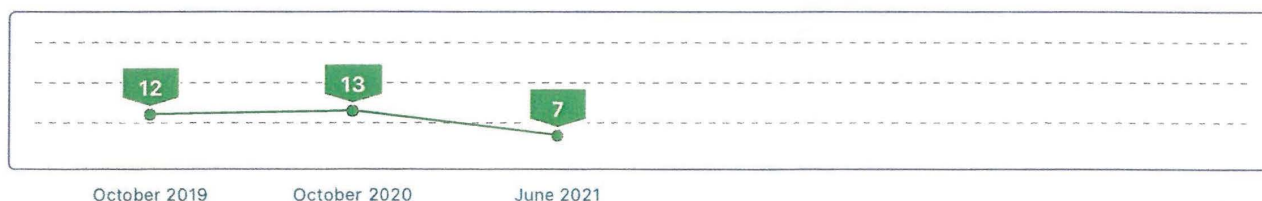
This patient is an 80 year-old man who lives independently in the community. The patient's cognitive functioning is being evaluated due to cognitive complaints by the patient, a family member, or a community observer.

### Test Results

This patient has received a score of 7 of 29 points. This score falls below the cutoff for dementia in patients of this age and educational level and is typically associated with Major Neurocognitive Disorder, severe (formerly Severe Dementia). In our research database of 3500 patients, no patients in this score range had normal cognition, 1% had Mild Cognitive Impairment (MCI), and 99% had dementia.

The test administrator agrees with the results of this test.

### Results Over Time



### Plan

No plan.

Brockman, Robert

Patient ID: 03527911 [REDACTED] 1941 Age: 80 Gender: M



Donna Ansualda

Disclaimer: This test has high levels of sensitivity, specificity and reliability, but does not replace comprehensive neuropsychological and medical evaluation. Our recommendations are based on current research and extensive clinical experience with this population. The CogniSense™ tool has been validated in English speaking adults ages 60 to 92 in a community-based primary care setting.

References:

Clonsky, M and Clonsky E, "Development and Validation of the Memory Orientation Screening Test," American Journal of Alzheimer's Disease & Other Dementias, 2010, 25 (8), 650-656

Clonsky, M and Clonsky E, "Identifying Cognitive Impairment in the Annual Wellness Visit: Who Can You Trust?," The Journal of Family Practice, 2011, 60: 653-659

Clonsky, M and Clonsky E, "The Memory Orientation Screening Test (MOST®) accurately separates normal from MCI and demented elders in a prevalence-stratified sample," Alzheimer's Disease & Parkinsonism, 2013, 3:1

## Mr. Brockman, T. Robert

D.O.B. [REDACTED] 1941

### MEDICATIONS LIST

#### MORNING 9 AM

Exelon 1 Patch 9.5

Miralax cap full

X Carbidopa-Levodopa 25-100 2 tablets

X Bupropion HCL SR 100 mg 2 tablets

X Synthroid 1 tablet 75 MCG

X ~~Floranex~~ 1 tablet 50

X Eliquis 2.5 mg 1 tablet

X Stool softener ~~X~~ softgels - 240 mg

X Vitamin D3 1 capsule 2000 IU - 1

#### NOON 12 PM

Carbidopa-Levodopa 25-100 2 tablets

~~X~~ Floranex 1 tablet

#### AFTERNOON 4 PM

Carbidopa-Levodopa 25-100 2 tablets

#### NIGHT 8PM ( bed time )

X Trazadone 1 tablet 50 mg

X Bupropion HCL SR 100 mg 1 tablets

- ~~X~~ Floranex 1 tablet 50

X Eliquis 2.5 mg 1 tablet

X Rosuvastatin Calcium 5 mg 1 tablet

Flomax - ~~X~~ Tamsulosin Hydrochloride 0.4 mg 1 tablet

~~Vitamin D3 2 capsule 2000 IU~~ morning only per wife -  
"Seroquel"

New-Quetiapine Fumarate 25 MG 1/2 pill

Another 1/2 if needed -

4/2021 THC

Robert T. Brockman  
Current Medications List  
Monday • October 05, 2020 @ 1:30 PM



*Dr. Michael York - Wed Nov 4, 2020 @ 1:00 PM*

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Patient Name Sex DOB  
 Brockman, Robert Theron Male [REDACTED] 1941

### Your Current Medications Are

- ✓ buPROPion (WELLBUTRIN) 100 MG tablet *TT AM + TT PM*
- ✓ carbidopa-levodopa (SINEMET) 25-100 MG per tablet TAKE 2 TABLETS BY MOUTH THREE TIMES DAILY *TID*  
*M. 8:00 AM*
- ✓ ELIQUIS 2.5 MG TABS TAKE 1 TABLET TWICE DAILY
- ✓ EXELON 9.5 MG/24HR PT24 Place 9.5 mg onto the skin daily.
- ✓ Levomefolate Calcium POWD Take one tablet by mouth daily to lower homocysteine
- ✓ Mirabegron ER (MYRBETRIQ) 50 MG TB24 Take 50 mg by mouth daily. *QD*
- ✓ SYNTHROID 75 MCG tablet Take one tablet every morning for hypothyroidism *QD AM*
- ✓ testosterone (TESTIM) 50 MG/5GM (1%) GEL Apply two tubes daily *QD*
- ✓ trazodone (DESYREL) 50 MG tablet Take 1 Tab by mouth at bedtime.

*Stool Softener - Wafgians 5 Caps POWD (Docusate Sodium)*  
 Preferred Pharmacy

**Briargrove Pharmacy - Houston, TX - 6435 San Felipe**

6435 San Felipe Houston TX 77057

Phone: 713-783-5704 Fax: 713-783-5482

Not a 24 hour pharmacy; exact hours not known.

**Brand Direct Health - Tampa, FL - 5455 W Waters Ave**

5455 W Waters Ave Ste 215 Tampa FL 33634-1208

Phone: 866-331-6440 Fax: 866-227-5928

Not a 24 hour pharmacy; exact hours not known.

Robert T. Brockman  
Current Medications List  
Tuesday • October 01, 2019

W 181.8 NKDA

H 5' 11.5"

Sat 98

HR 47

T 97.7

R 14

- Pos
- ① Problem Swallowing -  
Goes down wrong way!  
Worse over prostylen.
  - ② 1/2 rx to Tie
  - ③ LBP
  - ④ Bud Hunter (Argentina)

① Dr. Eugene L. (Parkinson's Disease) ← *Swallowing Memory*  
② Mid. Sea Coast

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Jamail Specialty Care Center  
1977 Butler Blvd - 6<sup>th</sup> Floor, Suite E6.150  
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Dr. Pool annual checkup 10/1/19

In addition to the problems listed on 10/1/18 – these issues are newly added or updated.

-swallowing problem has gotten much worse – now happens routinely – generally followed by a couple of massive sneezes

-memory issues have become more defined

-recall of names has gotten worse

-dates are in numerous cases are almost completely gone

-unless I was deeply involved with an event or issue – or it was very recent – I have no better than partial recall – and frequently no recall at all

-my desk has a tendency to get covered over with piles of paper

-when the piles reach a certain level, I have difficulty getting anything done

-Dorothy says that is called “task initiation” problems

-currently I have 15 direct reports – which is way too many

-the answer to this is to delegate more – but that cannot be done quickly

-balance remains poor

-lower back problems continue

Small pillow on the floor sometimes helps

Dr. Jeff Kozak of Fondren Orthopedic says that it shows up as a cloud of particles caused by arthritis

-UTI infection issues

Bob Brockman

- bad posture caused by sunken chest
- overall lack of stamina and strength
- major loss of balance – I couldn't stand up on the foredeck of a flats boat
- noticeable clumsiness and banging into things

[REDACTED]

- almost 100% loss of smell

- swallowing has changed – lots more saliva, tendency to partially choke a little on food happening more often - happens every day at least once

- general feeling of a sudden onset of old age

[REDACTED]

[REDACTED]

- close to the edge on incontinence – requires thoughtful planning of opportunities for urination – which is sometimes every hour

- reduced confidence in my ability to deal with rush hour traffic

- reduced memory ability

- reduced organizational ability

- cannot shoot a 410 shotgun as well

- cannot cast a flyrod as well

As of 10/1/18

Patient Name Sex DOB  
Brockman, Robert Theron Male [REDACTED] 1941

### Preferred Pharmacy

Briargrove Pharmacy - Houston TX - Houston, TX - 6435 San Felipe  
6435 San Felipe Houston TX 77057  
Phone: 713-783-5704 Fax: 713-783-5482  
Not a 24 hour pharmacy; exact hours not known.

### Your Current Medications Are

buPROPion (WELLBUTRIN SR) Take 100 mg by mouth two times daily. 200mg each morning and 100mg each evening  
100 MG SR tablet  
carbidopa-levodopa (SINEMET) Take ~~X~~ Tabs by mouth 3 times daily. (Was Zombie)  
25-100 MG per tablet  
diltiazem (DILTIAZEM CD) 120 Take 120 mg by mouth daily.  
MG ER capsule  
ELIQUIS 2.5 MG TABS TAKE 1 TABLET TWICE DAILY  
ezetimibe-simvastatin (VYTORIN) Take 1 Tab by mouth every evening.  
10-40 MG per tablet  
levothyroxine (SYNTHROID) 75 Take 75 mcg by mouth daily.  
MCG tablet  
rivastigmine 9.5 MG/24HR PT24 Place 9.5 mg onto the skin daily. STAYED 1  
Testosterone (ANDROGEL) 50 Place onto the skin.  
MG/5GM GEL One Dose  
trazodone (DESYREL) 50 MG Take 1 Tab by mouth at bedtime.  
tablet

Decusate 100mg x 2 QD  
Vit B-1  
B-3  
B12 1 Tab  
V3 3,000  
ALONE 220/110 LAD

Fr (1) Dr. Yudofski (FISHING TRIP) ALASKA x/wk  
(2) Dr. Lerner (Fall 2013)  
(3) DERM (Shore) Melanoma ✓  
6wks ago  
(4) Eye - Dr. Steve Slade > 1yr.  
(5) DENT (Retired Dr. Haines)  
(6) Founden Ortho - LBP - Oct 2019  
Jeff Kozak  
(7) Dr. Groued (3/2019)

Robert T. Brockman  
Current Medications List  
Friday • March 15, 2019

201: ① Lack of Energy  
"TIREDNESS"

② Hausmanian (3 days/wk)

③ LEFT UPPER ARM MCLANDIA  
DR. GOLDPERS

④ Cognitive Dr. JANKEVICH

↓ EXECUTIVE  
↓ SHORT-TERM 1/30/2019 - L. DORA + R10 = II-III-III X Zure (Cognitive Δ)  
↓ Visual Spatial  
⑤ Dr. Stuart Yudofsky (Sept 2018)  
RX WELLBUTRIN  
S = 7/10 → (3/10) BASELINE.

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03/15/2019 05:29 7137835482

BRIARGROVE PHARMACY

PAGE 01/01

Briargrove Pharmacy  
6435 San Felipe St  
Houston, TX 77057-2705  
(713) 783-5704

Patient: Brockman, Robert

Houston, TX

DOB: 1941

(713) 680-8702

*Clinic Visit*  
*Friday 03/15/2019*

01/01/2018 to 03/15/2019

Drug	NDC	Qty	Rx	Ref	Rph	Date	Qty	Patient Paid	Third Party Plan	Day	Day	Prescriber
✓Rivastigmine 4.6mg/24hr 30	47781-0304-03	Y	1488473	0	DB	03/13/2019	30.00000	53.54	83.96 CGNAC	0	30	Jankovic, Joseph*fax*
✓Trazodone Tab 50 Mg 1000	50111-0433-03	Y	1488473	0	DB	03/13/2019	90.00000	2.26	2.09 CGNAC	0	90	Jankovic, Joseph*fax*
✓Eliquis 2.5 Mg Tablet	00003-0893-21	N	1433744	2	ZY	02/08/2019	180.00000	1,276.80	-1.60 CGNAC	0	90	Gould, K.
✓Carbidopa-Levodopa 25-100 Tab	00228-2539-96	Y	1480660	0	SS	01/30/2019	540.00000	135.16	-102.54 CGNAC	0	90	Savin, Daniel
✓Bupropion Hcl 100 Mg Tablet	23155-0192-01	Y	1478693	0	SD	01/18/2019	270.00000	92.18	-59.10 CGNAC	0	90	Stoer, Komal*fax*
✓Diltiazem 24hr Er 120 Mg Cap	10370-0829-05	Y	1474730	0	SD	12/28/2018	90.00000	0.00	14.16 CGNAC	0	90	Gould, K.
Bupropion Hcl 100 Mg Tablet	23155-0192-01	Y	1462586	3	SS	12/26/2018	60.00000	0.00	8.75 CGNAC	0	30	Yudofsky, Stuart
✓Fluorouracil 5% Cream	51672-4118-06	Y	1470778	0	ZY	12/05/2018	40.00000	0.00	56.15 CGNAC	0	30	Stoer, Komal*fax*
Bupropion Hcl 100 Mg Tablet	23155-0192-01	Y	1462586	2	DB	11/28/2018	60.00000	0.00	10.48 CGNAC	0	30	Yudofsky, Stuart
Bupropion Hcl 100 Mg Tablet	23155-0192-01	Y	1462586	1	SD	11/08/2018	60.00000	0.00	10.48 CGNAC	0	30	Yudofsky, Stuart
✓Testin 1% 5gm	66887-0001-05	N	1463960	0	SD	11/07/2018	900.00000	0.00	3,431.57 CGNAC	0	90	Lisse, Scott
M-M-R II Single Dose	00006-4681-00	N	1461353	0	ZY	10/31/2018	1.00000	0.00	86.73 CGNAC	0	1	Pool, James
Hepatitis-B 20 Mcg/0.5 ml Vial	43528-0002-05	N	1461354	0	ZY	10/31/2018	0.50000	0.00	139.50 CGNAC	0	1	Pool, James
Bupropion Hcl 100 Mg Tablet	23155-0192-01	Y	1462586	0	SD	10/22/2018	60.00000	0.00	11.08 CGNAC	0	30	Yudofsky, Stuart
Suprep Bowel Prep Kit	52268-0012-01	N	1461621	0	SS	10/17/2018	354.00000	0.00	92.59 CGNAC	0	1	Agarwal, Suneal
Androgel 1.62%(2.5g) Gel Pckt	00051-8462-30	N	1458338	0	SS	09/28/2018	75.00000	0.00	633.98 CGNAC	0	30	Lisse, Scott
✓Vytarin Tab 10/40	66582-0313-31	N	1416752	3	SD	09/14/2018	90.00000	202.97	787.28 CGNAC	0	90	Lisse, Scott
Eliquis 2.5 Mg Tablet	00003-0893-21	N	1433744	1	DB	09/14/2018	180.00000	248.91	965.45 CGNAC	0	90	Gould, K.
✓Synthroid Tab 75mcg	00074-5182-19	N	1416753	3	DB	09/14/2018	90.00000	21.04	81.60 CGNAC	1	90	Lisse, Scott
Doxycycline Hyclate 100 Mg Cap	00143-9803-05	Y	1454607	0	ZY	09/06/2018	20.00000	3.13	3.43 CGNAC	0	10	Lisse, Scott
Synthroid Tab 75mcg	00074-5182-19	N	1416753	2	SD	08/04/2018	90.00000	21.04	81.60 CGNAC	1	90	Lisse, Scott
Vytarin Tab 10/40 90	66582-0313-54	N	1416752	2	SD	08/04/2018	90.00000	202.97	787.28 CGNAC	0	90	Lisse, Scott
Eliquis 2.5 Mg Tablet	00003-0893-21	N	1433744	0	SD	08/04/2018	180.00000	248.91	965.45 CGNAC	0	90	Gould, K.
Diltiazem Er Cap 60 Mg	00378-6060-01	Y	1413281	1	SS	08/03/2018	90.00000	45.68	161.73 CGNAC	0	90	Gould, K.
Nitrofurantoin Mcr 100 Mg Cap	47781-0308-01	Y	1441439	0	ZY	06/15/2018	20.00000	3.46	3.44 CGNAC	0	10	Lisse, Scott
Levofloxacin 750 Mg Tablet	55111-0261-30	Y	1441438	0	ZY	06/15/2018	20.00000	3.14	2.65 CGNAC	0	20	Lisse, Scott
Eliquis 2.5 Mg Tablet	00003-0893-21	N	1390009	0	ZY	04/28/2018	180.00000	245.89	968.47 CGNAC	0	90	Gould, K.
Diltiazem Er Cap 60 Mg	00378-6060-01	Y	1413281	0	ZY	04/28/2018	90.00000	45.72	118.60 CGNAC	0	90	Gould, K.
Vytarin Tab 10/40 90	66582-0313-54	N	1416752	1	ZY	04/28/2018	90.00000	200.51	789.74 CGNAC	0	90	Lisse, Scott
Synthroid Tab 75mcg	00074-5182-19	N	1416753	1	ZY	04/28/2018	90.00000	20.78	81.86 CGNAC	1	90	Lisse, Scott
Testin 1% 5gm	66887-0001-05	N	1416846	1	SD	04/07/2018	900.00000	694.84	2,736.73 CGNAC	0	90	Lisse, Scott
Vytarin Tab 10/40 90	66582-0313-54	N	1416752	0	ZY	02/24/2018	90.00000	197.80	792.45 CGNAC	0	90	Lisse, Scott
Synthroid Tab 75mcg	00074-5182-19	N	1416753	0	ZY	02/24/2018	90.00000	20.50	82.14 CGNAC	1	90	Lisse, Scott
Eliquis 2.5 Mg Tablet	00003-0893-21	N	1390010	1	DB	02/06/2018	180.00000	242.57	971.79 CGNAC	0	90	Gould, K.
Androgel 1.62%(2.5g) Gel Pckt	00051-8462-30	N	1416845	0	SD	01/19/2018	75.00000	635.48	-1.50 CGNAC	0	30	Lisse, Scott
Testin 1% 5gm	66887-0001-05	N	1416846	0	SD	01/19/2018	300.00000	1,104.41	66.71 CGNAC	0	30	Lisse, Scott
Viagra Tab 100mg	00069-4220-30	N	1416754	0	SS	01/19/2018	15.00000	1,002.02	-2.65 CGNAC	0	15	Lisse, Scott
Ketoconazole 2% Cream	51672-1298-02	Y	1416488	0	ZY	01/18/2018	30.00000	25.57	-4.38 CGNAC	0	15	Katz, Tracy

Total Patient Paid:

Total Third Party Paid:

No. Of Rxs: 38

Signature

NCPDP: 5909885

Tax ID: 46-2265227

3/15/2019 5:00 PM

CONFIDENTIAL

RTBrockman Medical Records 0005061

Brockman, Robert Theron (MRN 0300937767) DOB: 05/28/1941

Encounter Date: 03/13/2019

**Brockman, Robert Theron**

MRN: 0300937767

**Office Visit** 3/13/2019

Provider: Jankovic, Joseph, MD (Neurology)

Baylor College of Medicine -

Primary diagnosis: PD (Parkinson's disease)

Neurology Associates

Reason for Visit: Movement Disorder

**Additional Documentation**

Vitals: BP 135/83 (BP Location: left arm, Patient Position: Sitting, Cuff Size: regular) Pulse 61  
 Ht 6' 1" (1.854 m) Wt 195 lb 9.6 oz (88.7 kg) BMI 25.81 kg/m<sup>2</sup> BSA 2.14 m<sup>2</sup> [More Vitals](#)

Encounter Info: [Billing Info](#), [History](#), [Allergies](#), [Detailed Report](#)**Progress notes****Jankovic, Joseph, MD at 3/13/2019 1:54 PM**

Author Type: Physician

Status: Signed

Editor: Jankovic, Joseph, MD (Physician)

[Expand All](#) [Collapse All](#)**FOLLOW-UP VISIT****History**

The patient is a 77 y.o. male with PDD

The patient states he is worse mentally and physically despite levodopa. Although he had slight improvement in his motor functioning initially with low dose levodopa his motor and mental functioning deteriorated as he gradually increased dosage. According to wife he has a "zombie-like effect" for a few minutes after each dose of Sinemet. He has increasing difficulties getting in and out chair and car and feels unsteady. He avoids stairs and long-distance driving. He is most concerned about his short-term memory. His RBD has improved since Dr. Yudofsky placed him on Trazodone. [REDACTED] has frequent urination. Still followed by Dr. Lerner - last evaluation last fall. Also followed by Dr. Pool and Dr. Yudofsky.

**Examination:**

**BP 135/83 (BP Location: left arm, Patient Position: Sitting, Cuff Size: regular) | Pulse 61 | Ht 6' 1" (1.854 m) | Wt 195 lb 9.6 oz (88.7 kg) | BMI 25.81 kg/m<sup>2</sup>**

Examination was normal except 1+ hypomimia, 1+ RSM in hands and feet, 1+ arising from chair, 1+ broad-based gait, 2+ retropulsion, no rigidity in UE and 1+ in LE

**Current Outpatient Medications**

Medication	Sig	Dispense	Refill
• buPROPion (WELLBUTRIN SR) 100 MG SR tablet	Take 100 mg by mouth two times daily. 200mg each morning and 100mg each evening		

Brockman, Robert Theron (MRN 0300937767) [REDACTED] 1941

Encounter Date: 03/13/2019

- |   |                                     |         |   |
|---|-------------------------------------|---------|---|
| • carbidopa-levodopa (SINEMET) 25-100 MG per tablet   | Take 2 Tabs by mouth 3 times daily. | 540 Tab | 1 |
| • diltiazem (DILTIAZEM CD) 120 MG ER capsule          | Take 120 mg by mouth daily.         |         |   |
| • ELIQUIS 2.5 MG TABS                                 | TAKE 1 TABLET TWICE DAILY           |         | 2 |
| • ezetimibe-simvastatin (VYTORIN) 10-40 MG per tablet | Take 1 Tab by mouth every evening.  |         |   |
| • levothyroxine (SYNTHROID) 75 MCG tablet             | Take 75 mcg by mouth daily.         |         |   |
| • Multiple Vitamins-Minerals (MULTIVITAMIN ADULT OR)  | Take by mouth.                      |         |   |
| • Testosterone (ANDROGEL) 50 MG/5GM GEL               | Place onto the skin.                |         |   |
| • TRAZODONE HCL OR                                    | Take by mouth at bedtime.           |         |   |

No current facility-administered medications for this visit.

#### Diagnosis:

##### Patient Active Problem List

##### Diagnosis



- Urinary tract infection without hematuria
- Other fatigue
- PD (Parkinson's disease)
- Cognitive decline
- RBD (REM behavioral disorder)

#### Assessment and Plan:

We discussed the results of neuropsychological testing and the presence of dementia. Although Dr. York suggested DLB he has never had hallucinations or fluctuations. It's possible that patient has PIGD form of parkinsonism  
 Sinemet 25/100 2 tab tid  
 Trazodone 50 mg tab qhs  
 Start Exelon 4.6 mg patch qd x 1 month and 2 patches thereafter  
 Encouraged to increase muscle strengthening exercise more  
 Discouraged to reduce and discontinue his 30 different vitamins and iron  
 Provide patient summary of this note and the neuropsychological report

Brockman, Robert Theron (MRN 0300937767) DOB: 05/28/1941

Encounter Date: 03/13/2019

I personally interviewed and examined the patient. A comprehensive review of systems was performed and positive findings were recorded. Complex decision making included a review of multiple treatment options for the primary as well as comorbid conditions. In addition to counseling about regular exercise program, I discussed with the patient possible side effects of prescribed treatments such as drowsiness and other potential risks. I also discussed the importance of regular check-ups with the primary care physician. After addressing all questions, I provided counseling and education as appropriate. The patient was invited to communicate with us via MyChart and to review our website [www.jankovic.org](http://www.jankovic.org) for further information.

More than 50% of the visit was spent counseling, discussing diagnosis and prognosis, and educating about the disease and available resources.

**JOSEPH JANKOVIC, M.D.**

Professor of Neurology  
Distinguished Chair in Movement Disorders  
Director, Parkinson's Disease Center  
and Movement Disorders Clinic  
Baylor College of Medicine  
Department of Neurology  
7200 Cambridge, Suite 9A, MS: BCM 609  
Houston, TX 77030-4202  
Tel: 713-798-2273 or -6556  
Fax: 713-798-6808  
Web: [www.jankovic.org](http://www.jankovic.org)

No questionnaires available.

**Patient Instructions**

None

**AVS Reports**

Date/Time	Report	Action	User
3/13/2019 2:05 PM	<a href="#">After Visit Summary</a>	Printed	Williams, Dorothy, LVN
3/13/2019 1:54 PM	<a href="#">After Visit Summary</a>	Automatically Generated	Jankovic, Joseph, MD

**Follow-up and Disposition**

Return in about 3 months (around 6/13/2019).

**Orders Placed**

None

**Medication Changes**

As of 3/13/2019 2:05 PM

	Refills	Start Date	End Date
Added: rivastigmine (EXELON) 4.6 MG/24HR PT24	3	3/13/2019	
Apply 1 patch to skin every 24 hrs x 1 month then increase to 2 patches thereafter			
traZODone HCl			

## #1 - Atrial FIB

ROBERT T. BROCKMAN  
10/15/2018 IIT#P

1<sup>ST</sup> EPISODE (3<sup>rd</sup> Sept <sup>Sept</sup> <sup>CAD</sup> <sup>Pet Scan</sup> <sup>@ Home</sup>)  
 Did not feel worse. Pulse oximeter ("150 bpm") EMT Atrial FIB  
 Doctor called 911 → Methodist. "Norman Ellis"  
 Lance Gould  
 Diltiazem / 20 mg BID  $\xrightarrow{\Delta}$  60 mg BID  
 ELIXIR  $\xrightarrow{\Delta}$  Continues  
 June 2017 - Colorado Home ("150-155 bpm") 1<sup>ST</sup> Day.  
 ER. (A. FIB)  
 2. Hx / 2 Septigrams Diltiazem - 60 mg BID  
 Doctor of Sumner unresponsive - From golf on holiday  
 9 weeks ago (BPM / Head Thuds) → 2 PM.  
 Diltiazem 2 regular tabs  
 → Home monitor.

Dr. Lance Gould - x 20 years (Took 4-5 Pet Scan)  
 Bree Benovic Medical Records.

Worst BP. Now x weeks (3 measures)  
 "145/85"

## #2. "Slowed Down" x 2 yrs "I cannot get my desk clear."

Depression  
6/10Anxiety  
6/10Anger  
6/10Frustration  
4-6/10

IRs About Credit (Personal + Sam's) "Harder time to make decisions"

"My memory is fairly more"

"Propanolol 1, 2 yrs"

"Slow Tom memory"

Email matters.

Read work then verbal.

"Misplace items"

Paper

CD ROM

Flash Drives

No smell x 2 yrs!

Cooking  
Faster

[Don Hearing Background noise x 2 yrs]

Walk - Slower!

Houstonian (1981 →) 1/8 mile track

Handwriting - Dramatically worse x 2 yrs!

Stopped signing "1000 Certificates".

"Signature looks like hell".

OK Silverware

Glassware

Avoid Learning New Things

STOPPED Reading Books

#3 - LBP "Stenois" (1 1/2 yrs ago)

Robert T. Brockman  
12/15/2018 Irradiation

Dr. Jeff Kozack (Fondren Orthopedics)  
"L2-L3 Stenosis"

O<sub>2</sub> Sat  
97%

Sx: (C) (D) Low Back Ache (2-4/10) Freq. Daily  
No Sciatica  
Rx: Aleve  
Pat: Prolong sitting.

"Instant I get in Bed it goes away".  
"I feel great in morning".


#4 - "Fallen Metatarsal Transverse Arch Both Feet"

Wears Orthotics  
⊕ ? Peripheral Neuropathy.

#5 R. L. P.

LAST LIT.

ROBERT BROCKMAN

- ① MRI Brain Scan
  - ② Comprehensive Neuropsychological Exam
  - ③ Comprehensive Tests
- 

Baylor  
College of  
Medicine

FLORIDA x 18 yrs.  
College (Central College - Danville, Ky) x 2 yrs  
(U. Florida) Postgrad BSBA - 1963 1964  
(U. Florida) Master's Degree x 4 yrs.  
Dearborn MI (7/10/64 - 4/10/65) → Transferred to Houston. Ford Motor File 1/10/66  
Houston, TX IBM. Sales / Branch Manager

Date 10/15/2018 @ 2:30 PM

# MEDICAL QUESTIONNAIRE

In an attempt to gain insight into your medical needs and problems, we are requesting that you answer the following questions. Your answers should be complete and concise. Any question not completely understood should be circled, and we will review it with you prior to your clinic visit. If you have pertinent information we have overlooked, space is provided at the back for additional comments.

All information will become part of your permanent record and will be held in strictest confidence. You are requested to complete the questionnaire at home where you have time to think and probably have access to important medical information.

Son = Robert

NAME BROCKMAN, ROBERT THERON DOROTHY  
(LAST) (FIRST) (MIDDLE) (SPOUSE'S NAME) (PARENT'S NAME IF MINOR)

DATE OF BIRTH [REDACTED] 94C SOCIAL SECURITY # [REDACTED] 3444

PLACE OF BIRTH ST. PETERSBURG, FL AGE 77 SEX M RACE CAUCASIAN

MARITAL STATUS: S (M) W D HEIGHT 6' 1" WEIGHT 186

ADDRESS [REDACTED] Houston, TX [REDACTED]  
(STREET) (CITY) (STATE) (ZIP CODE)

HOME PHONE [REDACTED]  
(AREA CODE) (PHONE NUMBER)

REFERRING PHYSICIAN DR. SETH LERNER PHYSICIAN'S ADDRESS [REDACTED]  
(STREET)

PHYSICIAN'S OFFICE PHONE [REDACTED] (CITY) (STATE) (ZIP CODE)  
(AREA CODE) (PHONE NUMBER)

PATIENT'S BUSINESS OCCUPATION REYNOLDS & REYNOLDS (Royal Reynolds Corp) Logistic Cargo (60-70 hrs/wk)  
EXECUTIVE (CEO) ADDRESS 6700 HOLLISTER

BUSINESS PHONE 713-718-1800

SPOUSE'S OCCUPATION N/A BUSINESS ADDRESS 6700 HOLLISTER

BUSINESS PHONE 713-718-1800 EXT 7600

INSURANCE CARRIER CIGNA 3329754 U3121001  
(GROUP NUMBER) (CERTIFICATE NUMBER)

## PAST MEDICAL HISTORY

T&amp;Ae 4yo 8c

## 1. Please list all hospitalizations.

- A) Include the hospital, location, date of admission and discharge and medical reason for admission.  
 B) The list is to include all surgical procedures. Do not include child births unless medical problems developed.

	<u>Date</u>	<u>Hospital</u>	<u>City, State</u>	<u>Reason for Hospitalizations and/or Surgical Procedure</u>
(1)	8/10/2006	METHODIST	HOUSTON	BLADDER CANCER
(2)	12/10/2007	"	"	" "
(4)				
(5)				
(6)				

- For Hr: (L) Middleburg (Volleyball)  
 2. Have you ever had any serious childhood diseases? Yes \_\_\_ No X

Please list the disease, date of occurrence and any complications.

Chickenpox (+), Measles (+), Mumps (+), Whooping Cough (+)

3. Have you ever had an illness or injury that did not require hospitalization but did require prolonged care at home? Yes \_\_\_ No X

A) Describe the illness or injury, age of occurrence, and length of time required for recovery.

4. Have you ever required a blood transfusion? Yes \_\_\_ No X  
 A) If yes, have you ever had a "transfusion reaction"? Yes \_\_\_ No \_\_\_

5. Are you currently taking any medications? Include all non prescription medications and birth control pills. Please list all medications, the number of times taken per day or per week (frequency), and the length of time you have been taking the medication.

<u>Medication</u>	<u>Frequency</u>	<u>Length of Time</u> (weeks, months, years)
SYNTHROID 0.75mg	DAILY QDAM	30 YRS
VYTORIN 10/40	" QDAM	10 YRS
DILTIAZEM (CARDIZEM) 60mg	QDAM	2 YRS
ELIQUIS 150mg	"	2 YRS
Kee Fizzy Tablets only Colorado.		

50y old  
→

+ 25+ different VITAMINS, MINERALS, ETC

3

6. If any of the above were prescribed for high blood pressure, do you take the medication as prescribed by your physician? Yes \_\_\_\_\_ No X - it is for ATRIAL FIBRILLATION

A) If no, when and how often do you take your medicine for high blood pressure?

DAILY

Dr. Lance Gould

7. Do you have any drug allergies? Yes \_\_\_\_\_ No X

A) Please list the drugs and the accompanying reaction.

Drug

Describe the Reaction


8. Do you have any food allergies? Yes \_\_\_\_\_ No X

A) Please list the food and the accompanying reaction.

Food

Reaction


9. Do you have any allergies to substances (such as dust, pollen, ragweed, etc.)?

A) Please list the substance and accompanying reaction.

Substance

Reaction

RAGWEED VIOLENT-LIKE TEAR GAS  
POLLENS, POLLUTION ROUTINE

10. Are you on a special diet? Yes \_\_\_\_\_ No X How many years? \_\_\_\_\_

Please list the type of diet. \_\_\_\_\_

11. Do you have any special dietary habits? (food faddism, craving for a special type of food) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what? ICE CREAM

12. Have you gained or lost weight in the past year? Yes X No \_\_\_\_\_  
\_\_\_\_\_ lbs. gained 20 lbs. lost Usual Wt. 192 + + lbs. AND up to 206

13. Do you smoke? Yes \_\_\_\_\_ No X Never

A) What is your smoking preference? Cigarettes \_\_\_\_\_ Cigars \_\_\_\_\_ Pipe \_\_\_\_\_

B) How much do you smoke? Packs per day \_\_\_\_\_ Cigars per day \_\_\_\_\_

C) How many years have you smoked? Second Hand Smoke

HS - 160th  
College - 194th  
MAX - 200 lbs (5/2017)  
↓ 20 lbs (Protein Shake & Supp.)

14. Do you drink alcoholic beverages? Yes \_\_\_\_\_ No X NOT ANY MORE - STOPPED

Indicate your preference: Liquor \_\_\_\_\_ Beer \_\_\_\_\_ Wine \_\_\_\_\_ 2 YEARS AGO

A) Have you ever had a drinking problem? Yes \_\_\_\_\_ No \_\_\_\_\_

B) How many drinks do you have? Per day \_\_\_\_\_ Per week Only Fishing or Bird Hunting.

15. Do you drink coffee or tea? Yes X No \_\_\_\_\_ Cups per day 1

'Did not feel good'  
'Did not taste good'  
Lance Gould to Thud. Etc.

SOCIAL HISTORY

- Brockman (German)*  
*Mother (Brown)*  
*English*  
*Physical Therapy*  
*KF240*
- What is your ethnic background? (such as African, English, French, Irish, etc.)  
2nd ~~German~~ GERMAN (90%)
  - Are you at present living alone? Yes \_\_\_\_\_ No X  
 A) If yes, please list the name of a relative, close friend or significant other person that might be contacted in case of emergency:  
 NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
  - What is the highest level of education you have completed? (Please give school and date)  
BSBA + ONE YEAR OF GRAD SCHOOL
  - Have you ever served in the military? Yes X No \_\_\_\_\_ *(1959-1965) No Active Duty*  
 What branch? USMC For how long? 6 YRS IN THE RESERVE  
 Duty station(s)? Officer Candidate Program (AC's)
  - Any major illnesses or injury while in the military? Yes \_\_\_\_\_ No X  
 Service disability? Yes \_\_\_\_\_ No X

FAMILY HISTORY

- Please answer the following questions:
  - Indicate with a check mark (✓) whether the following relatives are alive or dead.
  - List their present age or age at death.
  - List the cause of death.

2. Have you or any of your family members ever had: (Check (✓) appropriate response. If yes, indicate relative (such as father, aunt, brother).

#### GENERAL QUESTIONS

1. Have you ever been refused life or health insurance? Yes \_\_\_\_\_ No ✓
2. How many hours of sleep do you average per night? 6.5 to 7
3. Do you find it necessary to take sleeping medications? Yes \_\_\_\_\_ No ✓ ONLY OCCASIONALLY
4. Do you have an excessive feeling of being drained of much of your strength and energy after what you consider a good night's sleep? Yes ✓ No \_\_\_\_\_ SOMETIMES
5. Do you have an excessive vague feeling of physical discomfort or uneasiness as before an illness? Yes ✓ No \_\_\_\_\_ SOMEWHAT
6. Have you noticed any change in your mood (such as excessive irritability, depression or inability to cope with everyday problems)? Yes ✓ No \_\_\_\_\_
7. Does your normal weekly schedule include time for recreation? Yes ✓ No \_\_\_\_\_  
What recreation? WATCHING MOVIES IN BED WITH MY WIFE

Yes No Don't Know

II. HEAD

Have you ever had:

Head injury accompanied by unconsciousness?

Yes

No

Don't Know

Migraine headaches?

Frequent or severe headaches?

Dizziness, light-headedness or fainting spells?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

✓

✓

✓

✓

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



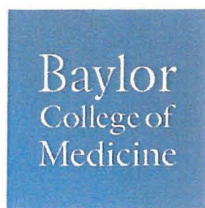
## X. KIDNEY AND BLADDER

Have you ever had:	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
Kidney or bladder infection(s)?	<u>✓</u>	<u><del>✓</del></u>	<u>      </u>
Kidney stones?	<u>      </u>	<u>✓</u>	<u>      </u>
Enlarged prostate gland (FOR MEN)?	<u>      </u>	<u>✓</u>	<u>      </u>
Blood in urine? <span style="background-color: gray; color: black;">[REDACTED]</span>	<u>✓</u>	<u><del>✓</del></u>	<u>      </u>
Cloudy urine?	<u>✓</u>	<u>      </u>	<u>      </u>
Pain or burning with urination? <i>UTI</i>	<u>✓</u>	<u>      </u>	<u>      </u>
Too frequent urination?	<u>      </u>	<u>      </u>	<u>      </u>
day?	<u>✓</u>	<u>      </u>	<u>      </u>
night?	<u><del>F</del></u>	<u>✓</u>	<u>      </u>
Difficulty starting or stopping urination?	<u>      </u>	<u>✓</u>	<u>      </u>
Dribbling urine when laughing, coughing or sneezing?	<u>      </u>	<u>✓</u>	<u>      </u>

## XIII. FEMALE MENSTRUAL AND OBSTETRICAL HISTORY:

Age menstrual periods started?	_____		
Age during first pregnancy?	_____		
Number of pregnancies?	_____		
Number of deliveries?	_____		
Number of miscarriages?	_____		
Any significant complications?	_____		
Date of last menstrual period?	_____		
If you have reached menopause. . . . symptoms?	_____		
Do you or have you taken estrogen?	_____		
Date of prior menstrual period?	_____		
Days between periods?	_____		
Duration of flow?	_____		
Number of pads or tampons used per day during menstrual flow?	_____		
Do you have:	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
Bleeding or spotting between periods?	_____	_____	_____
Pain or bleeding with intercourse?	_____	_____	_____
Painful periods?	_____	_____	_____
Recent increased or decreased bleeding during periods?	_____	_____	_____
Large clots during periods?	_____	_____	_____
Excessive vaginal discharge or unusual colored discharge?	_____	_____	_____
Do you experience premenstrual "blues" or tension?	_____	_____	_____
Do you have excessive breast tenderness?	_____	_____	_____
Do you do self breast examinations?	_____	_____	_____
Any abnormalities?	_____	_____	_____
Have you ever had an abnormal pap smear?	_____	_____	_____
Date of last pap smear?	_____		
What method of birth control are you now using?	_____		

jpool\clinical practice\questionnaire.doc



Baylor Comprehensive Healthcare Clinic  
1977 Butler Blvd Suite E6.150, Houston, TX 77030  
Attention: James Lewis Pool, M.D., Medical Director  
TEL: 713-798-0180 · FAX: 713-798-0174

## New Patient Information Form

Today's Date 10/15/2018  
 Patient's Name Robert Brockamn Email bob\_brockman@reyrey.com  
 Street Address [REDACTED] Date of Birth [REDACTED] 1941  
 City Houston Social Security Number [REDACTED] 3444  
 State TX ZIP 77024  
 Home Phone [REDACTED] If person other than the patient contacted our office for  
 Work Phone \_\_\_\_\_ this new patient appointment, complete the following:  
 Cell Phone 713-412-9916 Person's Name \_\_\_\_\_  
 FAX \_\_\_\_\_ Telephone \_\_\_\_\_  
 Email \_\_\_\_\_

### Employment Information

Occupation EXECUTIVE (CEO)  
 Employer REYNOLDS E REYNOLDS Phone 713-788-1888  
 Street Address 6700 HOLLISTER FAX \_\_\_\_\_  
 City HOUSTON State TX ZIP 77040

### Health Insurance Information

Certificate ID# U312210001 Group ID# 3329754 Name of Insured (if different from new patient):  
 Insurance Company Cigna Robert Brockman  
 Claims Address \_\_\_\_\_ Date of Birth of Insured: [REDACTED] 1941  
 Claims Telephone \_\_\_\_\_

### Emergency Contact Information

Person Dorothy Brockman  
 Relationship Spouse  
 Home Phone [REDACTED]  
 Work Phone \_\_\_\_\_  
 Cell Phone 713-680-8702

### Spouse Information

Spouse Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Social Security Number \_\_\_\_\_